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APPLICANTS

Derek A. Thompson, Portland, OR;

Darrell S. McGinnis, Hillsboro, OR;
 Steve A. McKinnon, Portland, OR;

** CONTINUING DATA *****

None sm 5/15/06

** FOREIGN APPLICATIONS *****

None sm 5/15/06

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/29/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OR	SHEETS DRAWING 3	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<i>Shawn C.</i> Examiner's Signature	<i>sm</i> Initials		

ADDRESS

6980
 TROUTMAN SANDERS LLP
 600 PEACHTREE STREET , NE
 ATLANTA , GA
 30308

TITLE

Logical to physical address mapping of chip selects

FILING FEE RECEIVED 986	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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